THE PRESENT STATUS OF THE TREATMENT OF SEXUAL IMPOTENCE *

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THE influence of the sexual power upon individual happiness and usefulness is tremendous. Efforts at sublimation show poor results.

Premature senility and early sexual weakness are almost synonymous. Both degrade and abolish resistance to sickness, finally to death.

Senility is due to an increase of connective tissue cells to the detriment of epithelial or functional cells.

Among the causes of impotence age ranks first, but years alone must not be considered. There is no age limit to sexual power and there is no age where impotence may not appear.

Next in frequency causing impotence are various congenital and acquired conditions of hypo- and hyper-functioning glands of internal secretion. Then come the various congenital and acquired pathological conditions of the sexual organs. The study of endocrinology has explained many congenital deformities.

Virility has a host of enemies. The list is long, never complete. Every debilitating condition impairs sexual power.

Neurasthenia, formerly considered a frequent cause of impotence, is now less in evidence. Most neurasthenic conditions are explained by glandular insufficiency or by local pathology, which formerly could not be demonstrated.

No rational, effective treatment can be devised before the patient submits to a thorough examination. The physician cannot take the chance to prescribe stimulants or give local treatments to a man who, complaining of impotence, in reality suffers from some fatal disease.

We must know the patient's age, occupation, family and personal history, past and present mode of living, exact history of the past and present sexual life and habits. The condition of the skin, the nervous, the circulatory, the respiratory and the digestive organs must be ascertained, finally, the genito-urinary organs must be inspected.

To the experienced eye the general appearance of the external genital organs may reveal a great deal. Anyone not familiar with the necessary instrumentation should not pass final judgment in any of these usually complicated cases.

The blood pressure must be considered, as frequently sexual neurasthenia is associated with abnormally low or high blood pressure.

The treatment of impotence was a distressing undertaking until study brought out increased knowledge of endocrinology and organotherapy.

The use of some internal remedy may be indicated and sufficient in some cases. The so-called aphrodisiacs sometimes accomplish something. Iron, arsenic and mainly large doses of strychnine may give results. Atropin, cautiously used, may help in some conditions, combined with some purgative may have surprisingly good results in cases of autointoxication. Narcotics should not be used, while instillations of a drop or two of novocain into the meatus

against premature ejaculation is fairly safe. Alcohol is indispensable in frigidity and premature ejaculation.

No matter what drug may be employed, in the great majority of cases simultaneous feeding of dessicated glands of internal secretion is indicated. Either thyroid alone or in combination with suprarenal, pituitary, gonads and hemoglobin. Small doses should be used over a long period. The patient, however, must be constantly watched, the influence of the opotherapeutic preparations upon well-being, weight and mainly upon the blood pressure must be controlled.

In cases resisting internal opotherapy, intramuscular and intravenous injections are to be applied, but only proper material freshly prepared will do. Almost constantly good results are obtained by subcutaneous implantations as devised by Stanley.

While it is now fully established that real testicular transplantation gives very good results, only human glands or those of anthropoid apes can be used, and the difficulties of obtaining them are mostly insurmountable.

The properly performed Steinach operation prevents a premature ceasing of the internal secretory function of the testicle and frequently re-establishes such function after it was almost extinct. In some cases of premature ejaculation it is the supreme remedy, but is not absolutely necessary to treat most varieties of impotence; simpler remedies will mostly do.

Bad and unhygienic habits must be corrected, the diet regulated, the intestinal tract kept clean and in spite of all difficulties the sexual life must be regulated. Ultra-violet rays are sometimes useful, psychotherapy never to be neglected.

It should always be endeavored and it is always possible to lighten the burden of onmarching and encroaching years, but there is no short road to success in the fight against senility and its twin brother, sexual impotence.

If some fully informed and competent person could put his finger on the pulse of this world and tell us how it is, the information so given would be welcomed in many quarters. One does not necessarily notice it as he walks abroad, but it is a fact that doubt exists in considerable quantity whether human life just now is progressing toward better conditions or worse ones. It is moving, and the impression is very general that we are at the beginning of a new age. There is a horrid suspicion, and quite well diffused, that the present population of this world has not got average sense enough to be used just as it is in peopling the new age, and that it may be necessary to get rid of quite a bit of it. It must be the consideration of that necessity which makes people anxious.—Edward S. Martin, Harpers' Magazine.

The failure of prohibition in many sections of the country is at least halting the moral reformers of America in the agitation of further efforts through statutory enactment to impose their own standards upon all men and invoke the aid of the civil authority in support of their own ethical code. An increasing number of people has begun to see that moral reform, if it is to be permanent and effective, must come from within; it cannot be imposed from without.—The Rt. Rev. Charles Fiske, D. D., Harpers' Magazine, May, 1926.

^{*}Author's abstract of a paper read by Victor G. Vecki at the Fifty-fifth Annual Meeting of the California Medical Society, held at Oakland, April 26 to May 1, 1926.

The only males in this era who boss the household are under 3 years of age.—St. Joseph News-Press.